

Application No. 10/071,124
Amendment dated August 11, 2003
Reply to Office Action of May 16, 2003

Atty Dkt No. 7500-0004.10

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:
John M. PEZZUTO et al.
Serial No.: 10/071,124
Filing Date: February 7, 2002
Title: PHARMACEUTICAL FO

AMENDMENT UNDER 37 CFR § 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 16, 2003, please amend the above-identified patent application as follows.

AMENDMENTS TO THE CLAIMS

The amendments to the claims are reflected in the “Listing of the Claims” set forth on pages 2 to 5 of this paper.

REMARKS/ARGUMENTS

The remarks in support of this application are set forth on pages 6 to 10 of this paper.

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

AUG 13 2003

Application Number	10/071,124
Filing Date	February 7, 2002
First Named Inventor	J hn M. PEZZUTO
Art Unit	1614
Examiner Name	Dwayne C. JONES
Attorney Docket Number	7500-0004.10

ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Transmittal	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Fee(s) due	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Fee Transmittal	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Check for \$18.00	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <u>Return Postcard</u> .
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Affidavits/declaration(s)		
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<input type="checkbox"/> Response to Missing Parts / Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks:

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Signature	<u>Karen Canaan</u>			Date	August 11, 2003

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 11, 2003.

Name (print/type)	Wil Sayo		
Signature	<u>Wil Sayo</u>		
	Date	August 11, 2003	

